



## TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy

STD. 262 (REV. 12/93)

Statement on Reverse Side

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CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Cindy Ehnes		Managed Health Care

POSITION	CB/ID NO.	DIVISION OR BUREAU	INDEX NUMBER
Director	Ex	Sacramento HQ	1000

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	980 9th Street Ste. #500	322-2078

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814-2738

(1) MONTH / YEAR		(3)	(4)	(5) MEALS			(6)	(7)	TRANSPORTATION				(8)	(9)
March-09		LOCATION Where Expenses Were Incurred	LODGING	Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner	INCIDEN- TALS	(A) Cost of Trans.	(B) Type Used	(C)Carfare, Tolls, Parking	(D) Private Car Use		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME										Miles	Amount		
9-Mar	8:00	Sac to SF	161.83		10.00		6.00		SC	68.00				\$245.83
10-Mar		Summit	161.83	6.00		18.00	6.00						14.11	\$205.94
11-Mar	10:00	SF to Sac		6.00					SC	4.00				\$10.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
(10) SUBTOTALS			323.66	12.00	10.00	18.00	12.00	0.00		72.00	0		14.11	\$461.77
COLUMN CODE (ACCTG. USE ONLY)														
													\$461.77	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS
<b><i>Please note that the Director parks in short term parking as a reasonable accommodation</i></b> 3/9 Director Ehnes drove to San Francisco to attend Health Evaluation Partners Meeting and Pay for Performance Summit as well as IHA Board Meeting 3/10 Day two of Pay for performance summit 3/11 Attended additional meeting before driving back to Sacramento 3/10 Business Expense was for e-mail and document charges		0800-1700
		(13) PRIVATE VEHICLE LICENSE #
		PAX5841
		(14) MILEAGE RATE CLAIMED
		0.55
		<b>AGENCY ACCOUNTING OFFICE</b> <b>USE ONLY</b> PAID BY REVOLVING FUND CHECK #
(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		




CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
>>	3/19/2009	>>	3/19/2009

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)	DATE
>>	

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95814

(3) MILEAGE RATE CLAIMED

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
	06/18/09		06/18/09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE
			06/18/09

Send		Save Data		Open Data		Clear		Print		Important Note					
STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007)										See Instructions and *Privacy Statement On Reverse Side		Page 1 of 1 Pages			
CLAIMANT'S NAME LUCINDA A. EHNES						SSN or EMPLOYEE NUMBER*				DEPARTMENT DMHC					
POSITION				CB/ID No. NON		DIVISION or BUREAU DIRECTOR'S OFFICE						INDEX NUMBER 1000			
RESIDENCE ADDRESS *						HEADQUARTERS ADDRESS 980 9TH STREET						TELEPHONE NUMBER 322-2012			
CITY		STATE		ZIP CODE		CITY SACRAMENTO				STATE CA		ZIP CODE 95814			
(1) NORMAL WORK HOURS						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED					
(4) MONTH/YEAR 3&4 2009		(6) LOCATION WHERE EXPENSES WERE INCURRED		(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE   TIME					BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
3-13 0900 1800		San Jose to Sac							32.00	R			0.00	32.00	
3-16 0600		Sac to Burbank				6.00				A	15.00		0.00	21.00	
3-16 2130		Burbank to Sac						18.00		A			0.00	18.00	
4-6 0500		Sac to Burbank				6.00				A			0.00	6.00	
4-6 1620		Burbank to Sac								A	15.00		0.00	15.00	
4-23 0800		Sac to Oakland					10.00	18.00		PC			0.00	28.00	
4-23		Oakland to San Diego		122.00		6.00	10.00	18.00	6.00	A			0.00	162.00	
4-24 1900		San Diego								A			0.00	0.00	
													0.00	0.00	
													0.00	0.00	
													0.00	0.00	
													0.00	0.00	
													0.00	0.00	
(13) SUBTOTALS				122.00		18.00	20.00	54.00	6.00	32.00		30.00	0.00	0.00	282.00
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL												\$282.00			
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)												AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER			
3/14 - San Jose to Sac - return from Senate Health Info Hearing on HIT. 3/16 - Met with staff in the LA Office in the AM and met with Net Chemistry in PM. 4/6 - Participated in the Western Regional White House Forum on Health Reform. 4/23 - Attended IHA Board of Director's Meeting - I am a Board Member. 4/24 - Attended Health Care Innovation Conference in Carlsbad, CA, 4/24 - Departed San Diego															
Please note that the Director parks in short term parking as a reasonable accommodation.															
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CLAIMANT'S SIGNATURE						DATE 4-30-09		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT				DATE 4-30-09			
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)												DATE			